MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024840

DO NOT WRITE ON THIS STUB	AMENDED			iD	<u> </u>	Primary Registration District No. 24	······································
VS 300	<u> </u>			 	1	1. PLACE OF DEATH a. COUNTY JASPET b. CLIV (if outside corporate limits, give TOWNSHIP only) Length of stay in 1	USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE
Rev. 4/59	AMENDED	! !		$i \mid i'$	1	OR	1b c. CITY Inside Limits
. 1	¥ ×	<u> </u>		$i \mid i'$	f _	TOWN Joplin 25 days	TOWN Buffalo Yes No
0499				$i \mid i'$		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Inside Limits	ts d. STREET (If cutside, give location) Reside on Farm ADDRESS
20300	DATE	: ! :		$i \mid i'$		INSTITUTION St. Johns Hospital Yes No	Yes No X
3					-	3. NAME OF DECEASED First Middle (Type or print) Edward Lonzo	Woods 4. DATE Month Day Year OF DEATH June 19, 1963
4 0	.	'		$i \mid i'$	_	5. SEX . 6. COLOR OR RACE 7. Married . Never Married [8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5 ,2	.	'		$i \perp i$		male white Widowed Divorced [- Sept.417/10//5 0/ 0 10
	اما	1		$i \mid i'$	10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
<u> </u>	<u>×</u>	'		$r \perp '$	1_	during most of working life, even if retired)	Indiana U.S.A.
7/	FOLLOW	'		$i \mid i'$	13	13a. FATHER'S NAME	
8 as 1	I - I	'		$i \mid i'$	1 -	unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	
9331X	E AS	1		$(\mid \cdot \mid \cdot \mid$	ď	(Yes, ng. or unknown) (If yes, give war or dates of servi	Chester Woods Buffalo, Mo.
10	¥			CUMENT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
11	CORD			, (Š	f '	IMMEDIATE CAUSE (a)	Associate the second se
12 2		: <u> </u>		Ĭ	1 '	Conditions, if any, which gave rise to	Lema China Coma 25 days
13 2-/	 -	4	\sqcup	$\vdash \mid \; \mid$		stating the under- lying cause last. DUE TO (c)	clusio Clorke,
	NO S			('	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE disease condition given in PART I (e)	mere a pregnancy in last yo days.
]	Ž	'		$i \mid .'$	5	And the second s	☐ Yes ☐ No ☐ Unknown
,	AMENDMENTS				L CERT!	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE P	HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
¥ Õ Å	AME			(IEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON					2	20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 1	8, 201, CITY, TOWN, OR LOCATION COUNTY STATE
A S E	READ	: '		$t \mid \cdot'$	1	21. Lattended the deceased from 7-10-62 to 6-	-18-63 and last saw her alive on 6-10-63
E BI				$ \cdot $:	' '	Death occurred at 2 m on	n the date stated above, and to the best of my knowledge, from the causes stated.
USE BLAC OR TYPEWRITER	SHOULD	; ;		VIT OF		22a. SIGNATURE (Degree or title)	226. ADDRESS 2503 Sackson 6-13-63
	<u> </u>	<u>į</u>	H	AFFIDAV	2	236. BURTAL CREMATION / 23b. DATE 23c. NAME OF CEMETERY OR C REMOVAL (Specify) June 13/1963 Macedonia Cemet	tery Dallas County Mo.
ļ	<u> </u>	{		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2	24. FUNERAL DIRECTOR ADDRESS 25. D	DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
ļ	, E	: '		í á	1_	Montgomery Funeral Home Buffalo Mo. 6	6-13-1963 Novie //Urriano
	•	•		•			tatement on Reverse Side)

0053 8463

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nar	ne is recorded on the reverse side of this certificate was embalmed by	/ me,
or by	, Student Embalmer No	
working under my personal supervision.	0115-1	
Student	signed lelyde Montgomery	
Signature of Student Embalmer		_
	Licensed Embalmer No. 259	2
	$\mathcal{Q} \sim \mathcal{M}$	~O~
	P. O. Address Deffale >	<u>~~`</u>

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.